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ABSTRACT

Rural areas have fewer health services and are proportionally underrepresented in practicing mental health professionals. For community psychology to meet the needs of rural populations, new training approaches for community psychologists will need to be developed. New areas of prevention and intervention will require roles and functions different from those taught in traditional training programs. Training will need to take into account the unique socio-economic characteristics, epidemiology, ecology, and problems and politics of rural communitites. The rural psychologist must be able to develop programs based on assessment of local needs, understand and use political and legal processes (lobbying, grantwriting, legislative networks), develop volunteer programs specific to individual communities, and use educational programming aimed at prevention of local problems in many areas beyond the traditional, exclusive concern for the mentally ill. (The development of a Parents Anonymous group and a suicide research program are described which illustrate the rural community psychologist role outlined.) (MCF)

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Rural Community Psychology: Applications and Challenges

Presented by

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Abstract

Rural areas are underserved in regard to mental health services. Intervention strategies derived from urban experiences must be modified if one is to effectively enable the development of rural human services. This presentation will provide a summary of case prototypes drawn from 10 years of practice. Principles and procedures of needs assessment, politics of planning, community organization, institutionalization, use of paraprofessionals, ecological analysis, consultation, grant writing, prevention and other areas will be discussed.

Rural Community Psychology: Applications and Challenges

Rural areas are underserved in regard to mental health services. The President's Commission on Mental Health specifically points out that rural areas have fewer mental health services available, and are proportionally underrepresented in regard to practicing mental health professionals. Consequently, the President's commission made the following recommendations: priority funding to underserved and unserved areas; grants to educational institutions which train professionals to meet the needs of underserved or rural populations; and insuring that the needs of underserved populations be appropriately evaluated and fulfilled (Report - President's Commission on Mental Health - Volume I, 1978). One way of insuring that the needs of persons in rural areas are met is to expand the development of rural based community psychology training programs. These community psychology programs will in turn be in a position to provide the professional manpower through which the preceding recommendations can be implemented.

In order for community psychology to fulfill its promise in regard to meeting the mental health needs of persons in rural populations, new approaches will

have to be developed to train community psychologists to work in rural communities. It is important that these training approaches take into account the unique socio-economic characteristics, epidemiology, ecology, and problems and politics of rural communities. There is a need to recognize that principles derived from urban interventions are not necessarily applicable to the unique circumstances of rural communities. Bold new directions will be required to bring appropriate delivery systems to currently neglected groups such as the elderly, rural residents, and the chronically ill (DeMoll & Andrade, 1978).

Rieff (1968) stressed the need to develop a conceptual outlook which could permit the professional community psychologist to intervene on behalf of groups in the community needing assistance. He suggested that community psychologists needed to develop a "new school" of psychology, one that would stress the move away from the exclusive concern for the mentally ill and toward a greater concern for promoting the healthy adaptation of large masses of individuals. Many of these new areas of intervention and prevention require community psychologists to function in roles and perform tasks that are quite different from those taught in traditional clinical training programs.

Involving psychologists in the community, requires that they transcend their traditional roles and maximize community input. This insures that the services offered are those that are needed within the community.

The training of community psychologists requires exposure to a number of disciplines and the development of a variety of skills. A well-trained community psychologist has knowledge of program planning, program administration, consultation, and evaluation. To be effective, the community psychologist understands through needs assessments the unique influences which affect the functioning and survival of persons within a rural community. Interventions may be modified on the basis of these needs assessments which are performed in order to insure better distribution and quality of services. A needs assessment can be performed to determine a community's service needs and utilization patterns. It can prioritize problems within a community, diagnose poor program or agency performance, identify the need for specific types of programs, and increase community involvement in program activities. Upon the completion of the community's needs assessment, new services can be implemented and present community mental health services can be evaluated and possibly modified. By integrating the findings from locally

relevant data into service planning decisions, it becomes possible to develop intervention strategies specifically tailored to the unique ecological aspects of the particular population context (Bailey, 1985).

Needs assessments may result in community service recommendations of a political nature. These recommendations consist of proposed modifications of existing mental health services or other political factors which affect mental health programming and services. These factors include lobbying, local political support, grantwriting, and legislative support networks throughout the community. Therefore, the well-trained community psychologist needs to recognize and understand numerous political and legal processes as they relate to mental health.

Other politically oriented interventions include community organization, the establishment of volunteer networks, focusing attention on area prevention efforts through the mass media, and consultation with local officials about various community mental health issues. These interventions act to maintain existing services in a region and to develop new services for which needs have been documented.

The community psychologist often works in cooperation not only with local political officials,

but also with local mental health officials and those of government agencies as well. Such persons may even be called upon to help develop entire mental health systems in regions where none exist, and to coordinate new systems so as to promote equitable service delivery and avoid duplications of effort.

In addition to the above, community psychologists are often called upon to perform tasks less global in nature and more specific to individual communities. These include the development of grass roots volunteer programs to bolster social service delivery, disaster response/recovery programs, and programs targeted for specific subpopulations within a community such as the elderly or the physically disabled.

Another related function of rural community psychologists is their intervention in local problems with a view toward prevention. This involves not only program development, but also education of the groups potentially affected. Interventions of an educational nature are especially important in Texas' rural areas where problems such as unplanned pregnancy, chemical dependency and youth suicide may go virtually unrecognized until they reach epidemic proportions. Community psychologists report and update knowledge of these problems in relation to local populations

through school and church-based educational programming in order to reduce the burden on existing service delivery systems. This acts to insure that fewer people will eventually require institutionalization or other services because of a given community problem, and also to increase the quality and diversity of services available for those who do need them.

The authors feel that the major challenge faced by rural community psychologists of the 1980's is the continuation of preventive approaches toward the common and unique problems of rural community residents. None of the social and political problems faced by such psychologists have gone away, and many of them have grown. Rural Texas looks forward to a future of expansion, yet we must attempt to prevent the occurrence of new problems as well as the growth of existing ones. Every major function of community psychologists will be involved in these prophylactic attempts, from political activity through organizational development to grass roots community intervention.

Prevention should not be left to chance if we are to continue to enjoy the quality of life in rural areas, because this quality will be diminished if our service delivery systems become overburdened and fail. Our rural residents have the same rights

to quality services as those from urban areas, and it is community psychologists who will act to see that these rights are not denied for either group. The authors' experiences in fulfilling these service obligations have shown that programs based on foresight and consideration of unique social and ecological community characteristics usually succeed, while those blindly dumped on the community often fail.

The following description summarizes the application of community psychology training as it applies to the development of Parents Anonymous Programs and the collection of a data base which will be used to aid the design of a suicide prevention program. Parents Anonymous (P.A.) is a community based program which can serve as an important resource in the amelioration of child abuse. P.A. is based upon the self-help model and in P.A. terms, self-help means a group of parents with the same problem -- child abuse or potential child abuse -- meeting and supporting each other so as to prevent or stop child abuse in their families.

The beginnings of Parents Anonymous are described in The Parents Anonymous Chairperson-Sponsor Manual (Fritz, 1982). Founded in 1970 by Jolly K., P.A. is presently one of the largest self-help groups in the nation with over 1,400 local P.A. chapters, including

several in foreign countries. Jolly K.'s suggestion in a therapy session has become a reality for parents who want to improve their relationship with their children.

The development of a P.A. group in a rural community can be quite challenging. Many P.A. chapters are not fully functional because of errors in the planning process which led to their development and/or deficiencies in their maintenance procedures. Applying the principles and methods of community psychology to P.A. chapter program development can minimize the potential for the types of problems which often affect P.A. groups. In order to establish a lasting foundation for a Parents Anonymous group, a needs assessment should precede program development. Local survey data can prove valuable when planning child abuse interventions. Ideally, key people in the community such as doctors, ministers, psychologists, and other mental health care providers should be contacted and informed about P.A. and solicited for assistance and referrals.

Effective program development also requires an appreciation for the politics of planning. Because P.A. is a controversial approach, political diplomacy is necessary to establish a group. In establishing our group, it was difficult to gain acceptance of P.A. by other agencies, and initially most agencies chose

to observe the development and stability of the group before referring clients. It was important to impress upon traditional service agencies that P.A. was not providing replacement for their services, but an addition to their services.

Recognizing the importance of paraprofessionals was another community psychology principle integrated into our program development. Our P.A. group has used paraprofessionals as sponsors, child care workers, publicity organizers, and fund raisers. Paraprofessional volunteers have been used effectively by organizing the child care workers into a respite service for P.A. parents, and providing services to children of P.A. parents while they are in group meetings. New volunteers are introduced to the P.A. model through bimonthly volunteer meetings. There are plans to increase the training of these volunteers so they can staff a local P.A. helpline.

One of the most rewarding aspects of P.A. is how it relates to the community psychology principle of prevention. Our P.A. group has provided services at the primary, secondary, and tertiary levels of prevention. In regard to tertiary prevention, P.A. has been effective in providing a nonjudgemental and accepting environment in which parents can explore

reasons for and effective solutions to their child abuse problem. P.A. can be instrumental in helping parents get their family reorganized and functioning smoothly.

In regard to secondary prevention, P.A. sponsors may prevent further problems within these families through referral or direct treatment. The P.A. group experience can help parents get in touch with what they are feeling, and teach them more effective ways of dealing with their stressful situation so that their children are not harmed.

Finally, in regard to primary prevention, P.A. is involved in educating the community as to the existence of child abuse as a harmful situation that cannot be ended unless people are aware of it. Prevention of child abuse is important so that the children of these parents will not experience the physical and emotional trauma of abuse. Therefore, by helping these parents change and improve their lives, P.A. can reduce the chance that these parents will abuse their children.

The goal of establishing a Parents Anonymous group is worthwhile and can be successful if one applies the community psychology principles previously discussed in this paper. The Parents Anonymous group in Nacogdoches

is one example of this process (Courtney, Bailey & Holmes, 1983).

Besides developing various social service programs such as the Parents Anonymous self-help group, another major function of urban and rural community psychologists is the collection of research data to evaluate the principles and procedures employed by such services and suggest alternatives. An example of this function is the suicide research program instituted by the senior author which was designed to provide support data to various state and local suicide prevention programs as well as to concerned professionals from a variety of backgrounds. Principles of community psychology have been heavily employed throughout this program, and they will now be described here.

As the program began, the ground work for it was developed through several procedures. First, a needs assessment was performed in order to document existing suicide prevention services because they were (and are) the potential beneficiaries of this research. Next, an ecological analysis of the area was performed so that specific characteristics of the local population such as their living habits and available job opportunities could be incorporated into the program. This information was supplemented by that from key-informant interviews both formal and informal. Informants such as outpatient

clinic staff and school teachers were interviewed in order to further examine the breadth of the local suicide problem, and the strategies being used to alleviate it.

At this point, the research approach became more formal, and several more principles of community psychology were employed. Library research was done by the authors to examine how others had studied the problem of suicide as it affected people in "normal" populations. Additionally, the senior author became involved in reviewing critical incidents of completed suicide for the Deep East Texas Regional MHMR Services, and thus was able to examine the problem as it affected local clinical populations.

Based on this information, five different types of surveys were developed to update existing knowledge of the local suicide problem. Three of them were surveys which could be given to older community residents to fill out, or given as an interview to younger residents. One was an indirect questionnaire which explored suicidal thinking and behavior in a brief format designed for group administration; one was an extended questionnaire which directly explored the same topics but took longer to complete and provided

more general information about the subjects, and the last was a true-false questionnaire which examined the residents' knowledge of facts about suicide. The other two were checklist surveys intended to uncover trends in suicidal behavior in the community through the sampling of local MHMR client records, and the review of materials from the news media which documented various individual and epidemic suicides.

Although the survey phase of this research program is still in progress, the program has already resulted in several educational presentations to professional conventions such as this, (Bailey, 1984) and (Schmidt, Bailey, & Lackey, 1984) as well as presentations to classes of students in local high schools. These presentations help alert those in contact with potentially suicidal people to the presence of not-so-obvious suicide indicators, and may thus help save lives through professional and peer awareness. Another intervention which will eventually result from this research program is the updating of clinical knowledge regarding suicide on a local basis. This serves to highlight a final and important principle of community psychology: coordinated interaction with other psychologists and professionals in general in solving existing community problems and trying to prevent the occurrence of new ones.

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